

Fill in this information to identify your case:

Debtor 1 COLIN ALFRED BOILERS  
 First Name Middle Name Last Name

Debtor 2 (Spouse, if filing)  First Name  Middle Name  Last Name

United States Bankruptcy Court for the: EASTERN District of PA

Case number (if known) 25-10450

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).

2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).

3. The commitment period is 3 years.

4. The commitment period is 5 years.

Check if this is an amended filing

Official Form B 22C1

## Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

FEB 18 2025

### Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married. Fill out both Columns A and B, lines 2-11.

*COLIN ALFRED BOILERS*

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ <u>2560</u>	\$ _____
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ _____	\$ _____
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ _____	\$ _____
5. Net income from operating a business, profession, or farm		
Gross receipts (before all deductions)	\$ _____	
Ordinary and necessary operating expenses	-\$ _____	
Net monthly income from a business, profession, or farm	\$ _____	\$ _____
	Copy here →	
6. Net income from rental and other real property		
Gross receipts (before all deductions)	\$ <u>1,000</u>	
Ordinary and necessary operating expenses	-\$ _____	
Net monthly income from rental or other real property	\$ <u>1,000</u>	\$ _____
	Copy here →	

Debtor 1 COLIN ALFRED BOLLERS

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Case number (if known) 25-10450First Name COLINMiddle Name ALFREDLast Name BOLLERS

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
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7. Interest, dividends, and royalties \$ \_\_\_\_\_ \$ \_\_\_\_\_

8. Unemployment compensation \$ \_\_\_\_\_ \$ \_\_\_\_\_

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: ..... 

For you ..... \$ \_\_\_\_\_

For your spouse ..... \$ \_\_\_\_\_

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. \$ \_\_\_\_\_ \$ \_\_\_\_\_

10. Income from all other sources not listed above. Specify the source and amount.

Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.

10a. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

10b. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

10c. Total amounts from separate pages, if any. + \$ \_\_\_\_\_ + \$ \_\_\_\_\_

11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ <u>3560</u>	+	\$ _____	=	\$ _____
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Total average monthly income

**Part 2: Determine How to Measure Your Deductions from Income**

12. Copy your total average monthly income from line 11. \$ \_\_\_\_\_

13. Calculate the marital adjustment. Check one:

 You are not married. Fill in 0 in line 13d. You are married and your spouse is filing with you. Fill in 0 in line 13d. You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

In lines 13a-c, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 on line 13d.

13a. \_\_\_\_\_ \$ \_\_\_\_\_

13b. \_\_\_\_\_ \$ \_\_\_\_\_

13c. \_\_\_\_\_ + \$ \_\_\_\_\_

13d. Total. \$ \_\_\_\_\_ Copy here. → 13d. \_\_\_\_\_

14. Your current monthly income. Subtract line 13d from line 12.

\$ <u>3560</u>
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15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here → 3,560.00 15a. \$ \_\_\_\_\_

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form.

\$ <u>42,720</u>
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Debtor 1

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**11. Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

0. Go to line 14.  
 1. Go to line 12.  
 2 or more. Go to line 12.

**12. Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ \_\_\_\_\_**13. Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

**Vehicle 1**      Describe  
 Vehicle 1: \_\_\_\_\_  
 \_\_\_\_\_

13a. Ownership or leasing costs using IRS Local Standard      13a.      \$ \_\_\_\_\_

13b. Average monthly payment for all debts secured by Vehicle 1.  
 Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e,  
 add all amounts that are contractually due to each secured  
 creditor in the 60 months after you file for bankruptcy. Then  
 divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment	
_____	\$ _____	Copy 13b here →      — \$ _____ Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense      13c.      \$ \_\_\_\_\_      Copy net Vehicle 1  
 expense here →      \$ \_\_\_\_\_  
 Subtract line 13b from line 13a. If this number is less than \$0, enter \$0.

**Vehicle 2**      Describe  
 Vehicle 2: \_\_\_\_\_  
 \_\_\_\_\_

13d. Ownership or leasing costs using IRS Local Standard      13d.      \$ \_\_\_\_\_

13e. Average monthly payment for all debts secured by Vehicle 2.  
 Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment	
_____	\$ _____	Copy here →      — \$ _____ Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense      13f.      \$ \_\_\_\_\_      Copy net Vehicle 2  
 expense here →      \$ \_\_\_\_\_  
 Subtract line 13e from 13d. If this number is less than \$0, enter \$0.

**14. Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation. \$ \_\_\_\_\_

**15. Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*. \$ \_\_\_\_\_

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**Other Necessary Expenses** In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.

\$ 150.00

Do not include real estate, sales, or use taxes.

17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.

\$ \_\_\_\_\_

Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.

18. **Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.

\$ \_\_\_\_\_

Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.

19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.

\$ \_\_\_\_\_

Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.

20. **Education:** The total monthly amount that you pay for education that is either required:

\$ \_\_\_\_\_

- as a condition for your job, or
- for your physically or mentally challenged dependent child if no public education is available for similar services.

21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.

\$ \_\_\_\_\_

Do not include payments for any elementary or secondary school education.

22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.

\$ \_\_\_\_\_

Payments for health insurance or health savings accounts should be listed only in line 25.

23. **Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.

+ \$ \_\_\_\_\_

Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 22C-1, or any amount you previously deducted.

24. **Add all of the expenses allowed under the IRS expense allowances.**

Add lines 6 through 23.

\$ \_\_\_\_\_

**Additional Expense Deductions** These are additional deductions allowed by the Means Test.

Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance \$ \_\_\_\_\_

Disability insurance \$ \_\_\_\_\_

Health savings account + \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Copy total here ➔ ..... \$ \_\_\_\_\_

Do you actually spend this total amount?

 No. How much do you actually spend? \$ \_\_\_\_\_ Yes \$ \_\_\_\_\_

26. **Continuing contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.

\$ \_\_\_\_\_

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

\$ \_\_\_\_\_

By law, the court must keep the nature of these expenses confidential.

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**28. Additional home energy costs.** Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs. \$ \_\_\_\_\_

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

**29. Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$156.25\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. \$ \_\_\_\_\_

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

\* Subject to adjustment on 4/01/16, and every 3 years after that for cases begun on or after the date of adjustment.

**30. Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. \$ \_\_\_\_\_

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

**31. Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4). + \_\_\_\_\_

Do not include any amount more than 15% of your gross monthly income.

**32. Add all of the additional expense deductions.**

Add lines 25 through 31. \$ \_\_\_\_\_

#### Deductions for Debt Payment

**33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33g.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Average monthly payment

#### Mortgages on your home

33a. Copy line 9b here. → \$ 2400

#### Loans on your first two vehicles

33b. Copy line 13b here. → \$ \_\_\_\_\_

33c. Copy line 13e here. → \$ \_\_\_\_\_

Name of each creditor for other secured debt

Identify property that secures the debt

Does payment include taxes or insurance?

No \$ \_\_\_\_\_  
 Yes \$ \_\_\_\_\_

No \$ \_\_\_\_\_  
 Yes \$ \_\_\_\_\_

No + \$ \_\_\_\_\_  
 Yes \$ \_\_\_\_\_

33d. \_\_\_\_\_

33e. \_\_\_\_\_

33f. \_\_\_\_\_

33g. Total average monthly payment. Add lines 33a through 33f. → \$ 2,400

Copy total here →

\$ 2,400

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34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

No. Go to line 35.

Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
<u>M&amp;T BANK</u>	<u>120 W. SHARONACK ST, PHILA. PA 19119</u>	\$ _____	$\div 60 =$ \$ _____
	<u>HAVE NOT RECEIVED AMOUNT</u>	\$ _____	$\div 60 =$ \$ _____
	<u>THEY HAVE SAID SOON</u>	\$ _____	$\div 60 =$ + \$ _____
		Total	<input type="text"/> \$ _____ <span style="border: 1px solid black; padding: 2px;">Copy total here ➔</span> <input type="text"/> \$ _____

35. Do you owe any priority claims—such as a priority tax, child support, or alimony—that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

No. Go to line 36.

Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims. ..... \$ \_\_\_\_\_  $\div 60$  \$ \_\_\_\_\_

36. Projected monthly Chapter 13 plan payment

\$ \_\_\_\_\_

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

X \_\_\_\_\_

\$ \_\_\_\_\_

Copy total here ➔

\$ \_\_\_\_\_

Average monthly administrative expense

\$ \_\_\_\_\_

\$ \_\_\_\_\_

37. Add all of the deductions for debt payment. Add lines 33g through 36.

\$ \_\_\_\_\_

#### Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, *All of the expenses allowed under IRS expense allowances* ..... \$ \_\_\_\_\_

Copy line 32, *All of the additional expense deductions* ..... \$ \_\_\_\_\_

Copy line 37, *All of the deductions for debt payment* ..... + \$ \_\_\_\_\_

Total deductions

\$ \_\_\_\_\_

Copy total here ➔

\$ \_\_\_\_\_

Debtor 1

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**Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)**39. **Copy your total current monthly income from line 14 of Form 22C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period.** ..... \$ \_\_\_\_\_40. **Fill in any reasonably necessary income you receive for support for dependent children.**

The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 22C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. \$ \_\_\_\_\_

41. **Fill in all qualified retirement deductions.** The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$ \_\_\_\_\_42. **Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A).** Copy line 38 here → \$ \_\_\_\_\_43. **Deduction for special circumstances.** If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances

Amount of expense

43a. \_\_\_\_\_ \$ \_\_\_\_\_

43b. \_\_\_\_\_ \$ \_\_\_\_\_

43c. \_\_\_\_\_ + \$ \_\_\_\_\_

43d. **Total.** Add lines 43a through 43c. .... \$ \_\_\_\_\_ + \$ \_\_\_\_\_

Copy 43d here →

+ \$ \_\_\_\_\_

44. **Total adjustments.** Add lines 40 through 43d. → \$ \_\_\_\_\_ Copy total here → - \$ \_\_\_\_\_45. **Calculate your monthly disposable income under § 1325(b)(2).** Subtract line 44 from line 39.

\$ \_\_\_\_\_

**Part 3: Change in Income or Expenses**46. **Change in income or expenses.** If the income in Form 22C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 22C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____

Debtor 1

COLIN ALFRED BOLLERS

First Name

Middle Name

Last Name

25-10450**Part 4:****Sign Below**

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

 Colin A Bollers

Signature of Debtor 1

Date 02/16/2025  
MM / DD / YYYY

Signature of Debtor 2

Date     
MM / DD / YYYY